

Phone: (336) 242-2285 Website: www.co.davidson.nc.us
 Official Drafted Roster

Gender \square Female \square Male Age Group: Please check age group: □|10U Soccer: $\Box 6U$ $\Box 8U$ **□14**U □**12U** Volleyball: ☐ Little League ☐ Junior League Basketball:

Instructional

Little League

Junior

Senior Baseball: \square 6U \square 8U \square 10U \square 12U \square 14U Softball: $\square 6U \quad \square 8U \quad \square 10U \quad \square 12U \quad \square 14U$ Team Name: ______ Booster Club: _____ Head Coach: _____ Home Phone: ____
 Cell Phone:

 Work Phone:

 Assistant Coaches Name: (Soccer, Basketball only 1 assistant) (Baseball and Softball 2 assistants) 1. ______2. _____ (Alphabetical Order) Player's Name **Date of Birth** Age 1 2 3 4 5 6 7 8 9 **10** 11 12 13

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Depa allov	signatures below app artment. If all inforn wed to participate unt ster Club President: _	nation is not si il signed and a	igned roste approved.	rs will be retu	rned and tea	
Boos	ster Club Board Mem	ber:				
At Large: At Large:						
	arge (Female):					
At L If th	arge (Female):ere is more than one to each other's rosters	team in an age				on must sigr